

## NC DHHS SEPARATION OR TRANSFER EQUIPMENT AND SERVICES CHECKLIST

**INSTRUCTIONS FOR SUPERVISOR:** Initiate this form normally one week before an employee's separation from an agency/department in NC DHHS. Advise the separating employee of this clearance process. Complete this form and determine what **other clearances** are appropriate for the separating employee if not specifically identified on the form and add those requirements in the space marked "other." This form is to be reviewed with and signed by the employee and the employee's supervisor prior to separation/transfer. Indicate clearance of the chargeable items by initialing the appropriate line. In the space provided, also state the reasons for an item not being returned. Sign your name where indicated using your full signature and the appropriate date.

**INSTRUCTIONS FOR EMPLOYEE:** The following checklist is to assist all agency/department employees with the exit process. Departing employees have an obligation to return all agency property issued to them and to settle all outstanding accounts. Your supervisor should meet with you and make arrangements with you to secure the return of the following items, if such items were assigned to you. The items that must be returned are listed below, and it is your duty to ensure that the items are returned to the agency/department's possession. This form must be completed prior to your separation. You may be charged for items not returned.

Effective Separation Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_ Position Number: \_\_\_\_\_

Employee Agency: \_\_\_\_\_

Employee Section/Unit: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Employment Setting: ☐ On-site ☐ Off-site ☐ Home-based

Please indicate if these items are not applicable by marking the column with NA.

Returned Agency Equipment (Items)	Assigned to Employee Please check one		Returned to Supervisor Please check one		Reason for not securing the return of assigned items
	Yes	No	Yes	No	
<b>Keys</b> (i.e. Doors, building, desk, files, cards, vehicles, etc.)					
<b>Security Identification Badges and/or Picture ID</b>					
<b>State Issued Credit Card(s)</b>					
<b>State Issued Phone(s)</b>					
<b>Mobile Telephone</b> Mobile #: <input type="checkbox"/> Agency/Department will retain issued number.					
<b>Telecommunications Pager</b> Pager#: <input type="checkbox"/> Agency/Department will retain issued number.					
<b>Fax Machine</b>					
<b>TDD Machine</b>					
<b>Desktop Computer</b>					
<b>Laptop Computer</b>					
<b>Electronic Files, CD-RW, Floppy Disk, et. al.</b>					
<b>Portable Dictaphones, Tapes, Disks</b>					
<b>Library Books / Reference Materials</b>					
<b>Classified/Sensitive Records</b> (i.e. Patient Records, Dispute Forms, etc.)					
<b>Procurement Cards (P-Card)</b>					
<b>Manuals</b> (i.e. Agency, Federal/State, Admin, Operational, etc.)					
<b>Parking Permit</b>					
<b>Travel Expense Receipts</b>					
<b>Travel Advances</b> Amount: \$					
<b>Uniforms</b>					
<b>Other:</b>					
<b>Other:</b>					
<b>Other:</b>					



## NC DHHS SEPARATION OR TRANSFER EQUIPMENT AND SERVICES CHECKLIST (con't)

**INSTRUCTIONS FOR SUPERVISOR:** Notify proper Information Technology Staff of employee's separation to ensure that access to all agency/department technical accounts are removed and electronic data is deleted or forwarded as indicated below. If not applicable, please indicate by marking the column with NA.

Applicable		Completion Date	DELETED AGENCY SERVICES		
Yes	No				
			<b>Network Access</b> <i>(Check Appropriate Box)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> RACF ID  <input type="checkbox"/> NCAS  <input type="checkbox"/> PMIS  <input type="checkbox"/> IAMS </div> <div> <input type="checkbox"/> ENERGY SPAY  <input type="checkbox"/> PQ01  <input type="checkbox"/> ACTS  <input type="checkbox"/> FSIS </div> <div> <input type="checkbox"/> EBTP  <input type="checkbox"/> ____  <input type="checkbox"/> ____  <input type="checkbox"/> ____ </div> </div>		
			<b>Internet Services</b>		
			<b>Global Address Directory</b>		
			<b>Email</b>		
			<input type="checkbox"/> Deleted	<input type="checkbox"/> Forwarded	To: _____
			<b>Record Retention – Electronic Files</b>		
			<input type="checkbox"/> Deleted	<input type="checkbox"/> Forwarded	To: _____
			<b>Telephone &amp; Voice Mail Greetings</b>		
			<b>Business Line Access (i.e. Employee Home)</b> - Business Line#: _____		
			<b>Remote FTP Access (File Transfer Protocol)</b>		
			<b>Remote Access</b>		
			<b>Other:</b>		
			<b>Other:</b>		

### EMPLOYEE CERTIFICATION:

☐ I certify that I have returned all agency property as indicated above.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SUPERVISOR CLEARANCE:

☐ I have received all agency property indicated above.

☐ I have notified proper Information Technology Staff for removal of access to technical and electronic accounts.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Retain this form in the employee personnel file.*

### Distribution:

*Employee (Copy)*

*Supervisor (Copy)*

*Human Resources (Original Copy)*